

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/806031

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		①		/		
7		①		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		①		/		
13		/		/		
14		①		/		
15		/		/		
16		2		/		
17		2		/		
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21		2		/		
22		2		/		
23		①		/		
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31		①		/		
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38		①		/		
39		①		/		
40		①		/		
41		①		/		
42		①		/		
43		①		/		
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45						
46						
47						
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	53		42			
TOTAL CLAIMS	55		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY